

## CERTIFICATION OF MATCHING FUNDS

The \_\_\_\_\_

(Name of Applicant)

certifies that the matching supplemental funds or in-kind support contribution required by the State of Tennessee's Emergency Solutions Grants Program will be provided. Included in the program narrative is a description of the proposed sources and amount of such supplemental funds.

(Name and Title) \_\_\_\_\_

(Signature) \_\_\_\_\_

(Date) \_\_\_\_\_

**To be signed by local government official or board chairperson, as applicable.**